FOND DU LAC COUNTY HEALTH CARE CENTER

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459 EAST 1ST STREET

FOND DU LAC 54935 Phone: (920) 929-3500 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 99 No Total Licensed Bed Capacity (12/31/01): 99 Title 19 (Medicaid) Certified? Yes Average Daily Census: 93 Number of Residents on 12/31/01: 94

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	22. 3	
Supp. Home Care-Personal Care	No					1 - 4 Years	29. 8	
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 1	Under 65	23. 4	More Than 4 Years	47. 9	
Day Services	No	Mental Illness (Org./Psy)	48. 9	65 - 74	28. 7			
Respite Care	No	Mental Illness (Other)	<b>50.</b> 0	75 - 84	31.9	'	100. 0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	16. 0	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	0.0	Full-Time Equivalen	it	
Congregate Meals	Yes	Cancer	0. 0	j	j	Nursing Staff per 100 Re	si dents	
Home Delivered Meals	Yes	Fractures	0.0		100. 0	(12/31/01)		
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	76. 6			
Transportati on	No	Cerebrovascul ar	0. 0			RNs	7. 6	
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	7. 4	
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,		
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	47. 9	Ai des, & Orderlies	38. 6	
Mentally Ill	Yes			Femal e	52. 1			
Provi de Day Programmi ng for	j		100.0		j			
Devel opmental ly Di sabl ed	Yes	. * * * * * * * * * * * * * * * * * * *	****	 	100.0	· • • • • • • • • • • • • • • • • • • •	****	

## Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		0ther		Pri vate Pay		Family Care			Managed Care								
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	66	86.8	103	0	0.0	0	12	100.0	115	5	83. 3	103	0	0.0	0	83	88. 3
Intermedi ate				9	11.8	85	0	0.0	0	0	0.0	0	1	16. 7	85	0	0.0	0	10	10.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	1. 3	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 1
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		76	100. 0		0	0.0		12	100.0		6	100. 0		0	0.0		94	100. 0

County: Fond Du Lac
FOND DU LAC COUNTY HEALTH CARE CENTER

Admissions. Discharges. and Percent Distribution of Residents' Conditions. Services, and Activities as of 12/31/01 ------Deaths During Reporting Period % Needi ng Total Percent Admissions from: Activities of % Assistance of % Totally Number of Independent Private Home/No Home Health 0.0 Daily Living (ADL) One Or Two Staff Dependent Resi dents Private Home/With Home Health 3.8 Bathi ng 16. 0 46.8 37. 2 94 Other Nursing Homes 19. 2 Dressing 33.0 53. 2 13.8 94 Acute Care Hospitals 38. 5 Transferring **56.** 4 29.8 13.8 94 Psych. Hosp. - MR/DD Facilities 30.8 Toilet Use 41.5 35. 1 23.4 94 Rehabilitation Hospitals Eati ng 56. 4 8. 5 94 0.0Other Locations 7.7 Total Number of Admissions 26 Special Treatments % Continence Percent Discharges To: Indwelling Or External Catheter 4.3 Receiving Respiratory Care 3. 2 Receiving Tracheostomy Care Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 50.0 1. 1 Receiving Suctioning Private Home/With Home Health 4.5 Occ/Freq. Incontinent of Bowel 39. 4 1. 1 Receiving Ostomy Care Other Nursing Homes 4. 5 1. 1 Receiving Tube Feeding Acute Care Hospitals 13.6 Mobility 0.0 Physically Restrained Receiving Mechanically Altered Diets Psych. Hosp. - MR/DD Facilities 0.0 11.7 44.7 Rehabilitation Hospitals 0.0 Other Locations 4.5 Skin Care Other Resident Characteristics Have Advance Directives Deaths 72.7 With Pressure Sores 3. 2 91.5 Total Number of Discharges With Rashes 11.7 Medi cati ons (Including Deaths) Receiving Psychoactive Drugs 89. 4

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